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October 10, 2019

Thomas J. Nasca, MD, MACP
Chief Executive Officer
Accreditation Council for Graduate Medical Education
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Dear Dr. Nasca,

Thank you for the opportunity to respond again regarding recent changes to the Common Program Requirements (CPR). The Society for Academic Emergency Medicine (SAEM) is an organization representing over 7,000 members from the academic emergency medicine (EM) community. Our members primarily come from academic departments, divisions, and community-based hospitals that have ACGME-accredited EM residency training programs. The Association of Academic Chairs of Emergency Medicine (AACEM) represents over 100 chairs of academic departments of emergency medicine. Together, we are heartened to see that in the latest proposed Common Program Requirements section II.B.4.b), that “[The Review Committee may further specify requirements regarding support for core faculty members].” As we detailed in a letter to you in November 2018, failure to allow the Review Committee for EM (RC-EM) to delineate required protected time for key faculty would adversely affect resident education and faculty well-being.

SAEM and AACEM continue to have concerns about proposed scholarly activity determination. Historically, all key faculty, as individuals, have been held responsible for contributing to the scholarly activity of the overall department/division and residency program. The benchmark of scholarly activity has always been grant funding and peer-reviewed publications. The Common Program Requirement section IV.D.2.b) appears to empower the RC-EM to fundamentally change the definition of scholarly activity. Again, we feel that the methods to quantify scholarly activities for residency programs should not change. Rather than raising standards across all of medicine, this proposed change lowers the standards for everyone--potentially negatively impacting the training of residents, scientific advancements in emergency care, and patient care. Furthermore, the proposed changes will allow a small number of faculty to meet the RC-EM scholarly requirement and result in a reduction in diversity of novel thought exploration and scientific investigation in training programs. Fewer faculty doing scholarly work will result in fewer faculty qualified to mentor residents. Allowing the faculty scholarly productivity metrics to change such

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that a single person can contribute solely to that effort is misguided and fraught with negative, downstream consequences.

Thank you for the opportunity to comment upon the CPR. Leaders within the ACGME and the RC-EM have the awesome responsibility to elevate training standards for current and future physicians. SAEM feels that in order to fulfill this awesome responsibility, both faculty protected time and the definition and quantification of faculty scholarly activity must be maintained.

Respectfully,



Ian B.K. Martin, MD, MBA
SAEM President



Michael D. Brown, MD, MSc
AACEM President